

Student Health Forms

The following are required upon enrollment for all new students:

Form 3231: Certificate of Immunization

Form 3300: Certificate of Vision, Hearing, Dental, and Nutrition Screening

If a student has a medical condition, we will need the following forms as applicable:

Form 2a: Asthma Action Plan

Form 2b: Authorization for Self-Administration of Asthma Medication by Minor Child

Form 3a: Food Allergy and Anaphylaxis Emergency Care Plan

Form 3b: Authorization for Self-Administration of Epi-Pen by Minor Child

Form 4: School Management of Diabetes Mellitus

Form 5a: Seizure Action Plan

Form 5b: Parent Notification of Protocol for Administration of Seizure Medication

Form 6a: Medical Examination Report

Form 6b: Health Care Management Plan

Form 6c: Student Medical Emergency Plan

Form 6d: Medical Statement and Diet Prescription for Meals at School

*Form 7: Authorization to Give Medication

Many of the forms require the signature of a physician as well as a parent/guardian. Forms missing the required signature(s) will be considered incomplete and thus inactive. A separate copy of *Form 7: Authorization to Give Medication* must be provided for **each** medication, including over-the-counter (OTC) medications. If your student's medication, dosage, or specialized plan changes, it is the responsibility of the parent/guardian to provide updated documents to the school nurse.

It is the responsibility of the parent/guardian to deliver medications directly to the school nurse. They cannot be accepted from students or returned home with students. OTC medications must be in the original, unopened bottle that is properly sealed and labeled with the student's name. Prescription medication must be in the original pharmacy container, which will be labeled with the date filled and all appropriate identifying information. Please note the expiration dates and provide replacements to the school nurse before the medication expires.

It is the responsibility of the parent/guardian to pick up all medications and medical supplies before or on the last day of school. Any medications remaining in the school clinic after dismissal on the last day of school will be discarded.

*A completed Form 7 must be provided for each prescription or over the counter medication you are granting permission for your child to receive while at school.

Required Forms by Medical Condition

Asthma

- Form 2a: Asthma Action Plan
- Form 2b: Authorization for Self-Administration of Asthma Medication by Minor Child
- Form 7: Authorization to Give Medication
- Additional forms to consider if applicable:*
- Form 3a: Food, Allergy, and Anaphylaxis Emergency Care Plan
- Form 3b: Authorization for Self-Administration of Epi-Pen by Minor Child

Food, Insect, or Drug Allergies

- Form 3a: Food Allergy and Anaphylaxis Emergency Care Plan
- Form 3b: Authorization for Self-Administration of Epi-Pen by Minor Child
- Form 7: Authorization to Give Medication
- Additional forms to consider if applicable:*
- Form 6d: Medical Statement and Diet Prescription for Meals at School

Diabetes

- Form 4: School Management of Diabetes Mellitus
- Form 6a: Medical Examination Report
- Form 6b: Health Care Management Plan
- Form 6c: Student Medical Emergency Plan
- Form 7: Authorization to Give Medication

Seizures

- Form 5a: Seizure Action Plan
- Form 5b: Notification of Protocol for Administration of Seizure Medication
- Form 6a: Medical Examination Report
- Form 7: Authorization to Give Medication

Heart Condition

- Form 6a: Medical Examination Report
- Form 6b: Health Care Management Plan
- Form 6c: Student Medical Emergency Plan
- Form 7: Authorization to Give Medication

ADHD

- Form 7: Authorization to Give Medication

Sickle Cell

- Form 6a: Medical Examination Report
- Form 6b: Health Care Management Plan
- Form 6c: Student Medical Emergency Plan
- Form 7: Authorization to Give Medication

Renal/Urinary Condition

- Form 6a: Medical Examination Report
- Form 6b: Health Care Management Plan
- Form 6c: Student Medical Emergency Plan
- Form 7: Authorization to Give Medication

Gynecological Condition

- Form 6a: Medical Examination Report
- Form 6b: Health Care Management Plan
- Form 7: Authorization to Give Medication

Cancer

- Form 6a: Medical Examination Report
- Form 6b: Health Care Management Plan
- Form 6c: Student Medical Emergency Plan
- Form 7: Authorization to Give Medication

Tracheostomy

- Form 6a: Medical Examination Report
- Form 6b: Health Care Management Plan
- Form 6c: Student Medical Emergency Plan
- Form 7: Authorization to Give Medication

If you have any questions or concerns about medical forms or your child's health, please do not hesitate to contact the NCA school nurse by phone at (470) 502-9700 or by email at Health@nwclassical.org.